

EXHIBIT A
MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members	Percentage Interest
Nadia Lustman	100%
Address: [REDACTED]	
Marina del Rey, California 90292	

LLC-1

Articles of Organization of a Limited Liability Company (LLC)

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to <https://www.ftb.ca.gov>.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

201328310221

FILED 
Secretary of State
State of California

OCT 07 2013

 This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

LLC Name

- ① Tiki Mermaid Charters, LLC


Proposed LLC Name

The name must end with: "LLC," "L.L.C.," "Limited Liability Company," "Limited Liability Co.," "Ltd. Liability Co." or "Ltd. Liability Company;" and may not include: "bank," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp.," "insurer," or "insurance company." For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

Purpose

- ② The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the Beverly-Killea Limited Liability Company Act.

LLC Addresses

- ③ a.  Marina del Rey, California 90292

Initial Street Address of LLC

City (no abbreviations)

State Zip

b.

Initial Mailing Address of LLC, if different from 3a

City (no abbreviations)

State Zip

Service of Process (List a California resident or an active 1505 corporation in California that agrees to be your initial agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Do not list an address if the agent is a 1505 corporation.)

- ④ a. Legalzoom.com, Inc.

Agent's Name

b.

Agent's Street Address (if agent is not a corporation)

City (no abbreviations)

CA
State Zip

Management (Check only one.)

- ⑤ The LLC will be managed by:
- ☐ One Manager ☐ More Than One Manager ☒ All Limited Liability Company Member(s)

This form must be signed by each organizer. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of organization.


Organizer - Sign here

By: Karla Figueroa, Assistant Secretary, LegalZoom.com, Inc.

Print your name here

Make check/money order payable to: Secretary of State
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944260
Sacramento, CA 94244-2600

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13755 FIJI WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 410-8454

OWNER OF BUSINESS: NADIA LUSTMAN

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TIKI MERMAID

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	02/12/13	dmiles
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	10/17/14	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/14/13	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 1,906.00

ID # 139761

Taxi Boat \$175.00 each
Operator \$1,556.00

BUSINESS INFORMATION

Type of Business: WATER TAXI OPERATOR WATER TAXI BOAT (2)	Address of Business: 13755 FIJI WAY MARINA DEL REY, Business Telephone:	
DBA (Business Name): TIKI MERMAID	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the Information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: NADIA LUSTMAN		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: [REDACTED] 902
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]		Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9-17-12

Applicant's Signature: [Signature]

Application taken by: Steven

Date: 9/20/12



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13755 FIJI WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 410-8454

OWNER OF BUSINESS: NADIA LUSTMAN

CAL. DR. LIC. # [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TIKI MERMAID

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Kerry Fouse

DATE: 2/12/2013

BASIC LICENSE NO. 1573

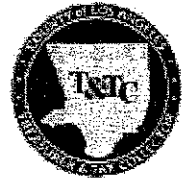
DATE 09/24/12

IDENTIFICATION NUMBER 139761



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13755 FIJI WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 410-8454

OWNER OF BUSINESS: NADIA LUSTMAN

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TIKI MERMAID

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

Michael K. [Signature]

DATE: _____

10/17/14

BASIC LICENSE NO. 1573

DATE 10/17/14

IDENTIFICATION NUMBER 139761

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90034-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13755 FIJI WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 410-8454

OWNER OF BUSINESS: NADIA LUSTMAN

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TIKI MERMAID

MAILING ADDRESS [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

WLP536472

DATE: _____

11/10/12

BASIC LICENSE NO. 1573

DATE 12/21/12

IDENTIFICATION NUMBER 139761

11AFaxed 11/10